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		Application Number 10/602 50 6									
TF	RANSMITTAL	Filing Date 6 (24(2003									
	FORM	First Named Inventor HANACUST R									
		Art Unit 2-6/2									
(to be used for	r all correspondence after initial	Examiner Name 8 ENTATION LEE									
Total Number o	of Pages in This Submission	Attorney Docket Number 2003-123									
ENCLOSURES (Check all that apply)											
Fee Tran	nsmittat Form	Drawing(s)  After Allowance Communication to TC									
. <b>A</b> F	ee Attached	Licensing-related Papers Appeal Communication to Board of Appeals and Interferences									
Extension  Express  Informati  Certified Documer  Reply to Incomple	Missing Parts/ te Application eply to Missing Parts nder 37 CFR 1.52 or 1.53	Petition Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD  Remarks  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Stafus Letter Other Enclosure(s) (please Identify below):									
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Date	1-9-2	Reg. No. 49067									
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FEE TRANSMITTAL FOR FY 2008    Color	Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB confrol number											
FEE TRANSMITTAL For FY 2008    Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT (\$) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		401A)	Complete if Known									
FIGS PLANS AMOUNT OF PAYMENT (\$) S S Attorney Docket No. 2 0 2 1 2 3  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify);  Deposit Account Deposit Account, Number Deposit Account Number:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge ene(s) indicated below Charge fee(s) indicated below Charge ene(s) indicated below Charge fee(s) indicated below EEE CALCULATION  INARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-308.  FEE CALCULATION  I. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FILING FEES FILING FEES SEARCH		`	Application Nu	ımber / 0 / 6 0 2		05 200						
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METHOD OF PAYMENT (check all that apply)    Check   Credit Card   Money Order   None   Other (please identify);	Applicant claims small	7	Examiner Name S EN Thr			MAN LEE						
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Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account, Number: Deposit Account Name: For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  MARNINION: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included and information should not be included in this form. Provide	TOTAL AMOUNT OF PAYMENT (\$) 525				Attorney Docks	t No.	2003-123					
Deposit Account   Deposit Account Number   Deposit Account Name	METHOD OF PAYMENT (check all that apply)											
For the above-identified deposit account, the Director is hereby suthorized to: (check all that apply)    Charge fee(s) indicated below	Check ☐ €redit Card ☐ Money Order ☐ None ☐ Other (please identify):											
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (\$)  Fee	Deposit Account	Seposit Account	( Number:		Deposit A	ccount No	arne:	·				
Charge any additional fee(s) or underpayments of fee(s)	For the above-ident	lfied deposit a	account, the Direct	tor is he	eby authorized to	o: (check	all that apply)	•				
MARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
MARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and suthorization on PTO-2038.    FEE CALCULATION												
BASIC FILING, SEARCH, AND EXAMINATION FEES   SEARCH FEES   Small Entity   Fee (\$)	Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
BASIC FILING, SEARCH, AND EXAMINATION FEES   SEARCH FEES   SEARCH FEES   SEARCH FEES   SEARCH FEES   Small Entity   Fee (\$)		on PTO-2038.		·								
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Plant 210 105 310 155 160 80  Reissue 310 155 510 255 620 310  Provisional 210 105 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claims  Total Claims  Total Claims  HP = highest number of total daims paid for, if greater then 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater then 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Number of each additional 50 or fraction thereof. See [\$] Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):		-	155	510	255	210	105					
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Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total dams paid for, if greater then 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater then 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number)  Fees Paid (\$)		ES					E00/\$\					
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$)  HP = highest number of total daims paid for, if greater then 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater then 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)		including R	eissues)									
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## Certificate of Transmission Under 37 CFR 1.8

I hereby certify that this correspondence regarding Office Action dated 7/9/2007 in the Application Number 10/602506, Hanabusa Russel, Invnetor

- 1. Transmittal Form 1 sheet
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- 3. Credit Card Payment 1
- 4. Certificate of Transmission 1
- 5. Fee Transmittal Form
- 5. Response to Office Action dated 7.9.2007 8 sheets

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On January 9, 2008

Anthony Delas 49,067